

## Inspector View Only - Navy Construction / Facilities Management Invoice

## [-] Document Information

Contract Number Type	Contract Number	Delivery Order	Reference Procurement Identifier	Effective Date	Construction	Fixed Price
DoD Contract (FAR)	N4008514C9112			2014/07/02	Y	Y
Invoice Number	Invoice Date	Final Invoice?	Invoice Received Date			
9	2016/10/13	N	2016/10/13			
Discounts						
NET : 14						
Summary of Detail Level Information			Deduction Amount (\$)	Retention Amount (\$)	Total (\$)	
1 CLIN/SLIN(s)			0.00	0.00	102,382.50	

## [-] Line Item Information

Document Total		Deduction Amount		Retention Amount		Govt Approved Total	
102,382.50		0.00		0.00		102,382.5	

Item No.	PR Number	Qty. Provided	Unit of Measure	UofM Code	Unit Price (\$)	CLIN Amount (\$)	Approved Amount (\$)
0002		1	JOB	JA	102,382.50	102,382.50	102,382.50
Description					Recommended Deduction Amount (\$)		
Phase I and Phase II have been combined and entered as Item No 0002 s the funds in Item No 001 have been depleted.							
Line Total:		Deduction Amount	Retention Amount	ACRN Approved Amount			
		0.00	0.00	102,382.5			

Sub-Line No.	AAA	TFO	SDN	ACRN
000202	040085	N	N4008514C9112	AB
ACRN Amount	Deduction Amount	Retention Amount	ACRN Approved Amount	
102,382.50			102,382.5	

## [-] LLA Information

LLA Level : ACRN

Item Number	Sub Line	ACRN	
0002	000202	AB	
Document Record Reference ID	Agency Accounting ID	ACRN	
N4008514C9112	040085	AB	
Agency Qualifier Code	Defense Agency Allocation Recipient	Cost Code	Department Indicator
DD			
Job/Work Order Code	Cost Allocation Code	Transfer from Department	Sub-Allotment Recipient
Classification Code	Fiscal Year Indicator	Work Center Recipient	DoD Budget Accounting Classification Code
Basic Symbol Number	Major Reimbursement Source Code	Limit/Sub Head	Reimbursement Source Code
Fund Code	Customer Indicator/MPC	Fund Org Admin Code	Object Class
IFS Number	Allotment Serial Number	Government Public Sector ID	Transaction Type
Activity Address Code	Foreign Currency Code	Program/ Planning Code	Program Element Code
FMS Case Number (1-3)	FMS Case Number (4-5)	FMS Case Number (6-8)	Project Task/Budget Subline
Special Interest/Program Cost			

## [-] Address Information

Prime Contractor			
<b>CAGE Code</b>	<b>DUNS</b>	<b>DUNS + 4</b>	<b>Extension</b>
4TVH5	156422128		
<b>Activity Name 1</b>			
CITY ENTERPRISE, INC.			
<b>Activity Name 2</b>			
<b>Activity Name 3</b>			
<b>Address 1</b>			
52-60 BERKSHIRE AVE			
<b>Address 2</b>			
<b>Address 3</b>			
<b>Address 4</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
SPRINGFIELD		MA	01109
<b>Country</b>		<b>Military Location Description</b>	
USA			

Administered By	
<b>DoDAAC</b>	
N40085	
<b>Activity Name 1</b>	
NAVAL FAC ENGINEERING CMD MID LANT	
<b>Activity Name 2</b>	
<b>Activity Name 3</b>	
<b>Address 1</b>	
BUILDING X275	
<b>Address 2</b>	
9742 MARYLAND AVENUE	
<b>Address 3</b>	
<b>Address 4</b>	
NORFOLK VA 23511-3015	
<b>City</b>	<b>State Zip</b>
<b>Country</b>	<b>Military Location Description</b>

Inspect By	
<b>DoDAAC</b>	<b>Extension</b>
N44211	
<b>Activity Name 1</b>	
NAVFAC MID ATL PWD NEWPORT FEAD	
<b>Activity Name 2</b>	
<b>Activity Name 3</b>	
<b>Address 1</b>	
1 SIMONPIETRI DRIVE	
<b>Address 2</b>	
NAVAL STATION	
<b>Address 3</b>	
<b>Address 4</b>	
NEWPORT RI 02841-1712	
<b>City</b>	<b>State Zip</b>
<b>Country</b>	<b>Military Location Description</b>

Accept By	
<b>DoDAAC</b>	<b>Extension</b>
N44211	
<b>Activity Name 1</b>	
NAVFAC MID ATL PWD NEWPORT FEAD	
<b>Activity Name 2</b>	
<b>Activity Name 3</b>	
<b>Address 1</b>	
1 SIMONPIETRI DRIVE	
<b>Address 2</b>	
NAVAL STATION	
<b>Address 3</b>	
<b>Address 4</b>	
NEWPORT RI 02841-1712	
<b>City</b>	<b>State Zip</b>
<b>Country</b>	<b>Military Location Description</b>

Local Processing Official	
<b>DoDAAC</b>	<b>Extension</b>
N44211	
<b>Activity Name 1</b>	
NAVFAC MID ATL PWD NEWPORT FEAD	
<b>Activity Name 2</b>	
<b>Activity Name 3</b>	

Payment Official	
<b>DoDAAC</b>	<b>Extension</b>
N68732	
<b>Activity Name 1</b>	
DEFENSE FINANCE AND ACCOUNTING SERV	
<b>Activity Name 2</b>	
<b>Activity Name 3</b>	

Address 1

1 SIMONPIETRI DRIVE

Address 2

NAVAL STATION

Address 3

Address 4

NEWPORT RI 02841-1712

City

State

Zip

Country

Military Location Description

Address 1

CLEVELAND-NORFOLK ACCOUNTS PAYABLE

Address 2

1240 E 9TH ST SB39 ACCTS PAYABLE

Address 3

Address 4

CLEVELAND OH 44199-2001

City

State

Zip

Country

Military Location Description

Issue By

DoDAAC

N40085

Activity Name 1

NAVAL FAC ENGINEERING CMD MID LANT

Activity Name 2

Activity Name 3

Address 1

BUILDING X275

Address 2

9742 MARYLAND AVENUE

Address 3

Address 4

NORFOLK VA 23511-3015

City

State

Zip

Country

Military Location Description

[ - ] Misc Information

Initiator

Name:

(b) (6)

Email:

(b) (6)

Org Email:

(b) (6)

Attachments:

20148007Invoice9PhaseOne.pdf

20148007Invoice9PhaseTwo.pdf

Comments:

Date of Action / IRD:

2016/10/13 0718 MDT / 2016/10/13 0718 MDT

Phone #:

(b) (6)

Title:

Office Administrator

DSN:

Action(s):

[Submitted, Web, Stand Alone]

[View Attachment](#)

[View Attachment](#)

Inspector

<b>Name:</b> (b) (6)	<b>Date of Action:</b> 2016/11/04 0814 MDT	<b>Phone #:</b> (b) (6)	<b>DSN:</b>
<b>Email:</b> (b) (6)		<b>Title:</b> Construction Manager	<b>Action(s):</b> [Inspected]
<b>Org Email:</b> nfecml_wawf_invoice_fead_newport@navy.mil			
<b>Attachments:</b>			
<b>Comments:</b> Work or service has been received, inspected and accepted as conforming to the contract and payment is in accordance with contract provisions. All source documentation provided in support of payment is accurate: (b) (6)			

<b>Acceptor</b>			
<b>Name:</b> (b) (6)	<b>Date of Action:</b> 2016/11/08 0939 MST	<b>Phone #:</b> (b) (6)	<b>DSN:</b> (b) (6)
<b>Email:</b> (b) (6)		<b>Title:</b> OFFICE MANAGER	<b>Action(s):</b> [Accepted]
<b>Org Email:</b> nfecml_wawf_invoice_fead_newport@navy.mil			
<b>Attachments:</b>			
<b>Comments:</b>			

<b>Local Processing Official</b>			
<b>Name:</b> (b) (6)	<b>Date of Action:</b> 2016/11/08 1540 MST	<b>Phone #:</b> (b) (6)	<b>DSN:</b> (b) (6)
<b>Email:</b> (b) (6)		<b>Title:</b> Contract S pecialist	<b>Action(s):</b> [Certified, Processed via EDI]
<b>Org Email:</b> nfecml_wawf_invoice_fead_newport@navy.mil			
<b>Attachments:</b>			
<b>Comments:</b>			

<b>Payment Official</b>			
<b>Name:</b>	<b>Date of Action:</b> 2016/11/08 2241 MST	<b>Phone #:</b> Phone number 855-608-3975, Option 1 - Pay Status, Option 2 - Verify Payment Received Option 3 - WAWF Invoice Status	<b>DSN:</b>
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b> [Processed via EDI]
<b>Org Email:</b> DNFWAWF2@DFAS.MIL			
<b>Attachments:</b>			
<b>Comments:</b> Document was processed by the entitlement system. FOR PMT ON 161109-ESTPD 161109 AMT CERT \$102451.82 DFAS Customer Service Telephone Number: Phone number 855-608-3975, Option 1 - Pay Status, Option 2 - Verify Payment Received Option 3 - WAWF Invoice Status			

## [-] Workflow Information

**Contractor Certification**

I hereby certify, to the best of my knowledge and belief, that --

- (1) The amounts requested are only for performance in accordance with the specifications, terms, and conditions of the contract;
- (2) All payments due to subcontractors and suppliers from previous payments received under the contract have been made, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of chapter 39 of Title 31, United States Code;
- (3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in

accordance with the terms and conditions of the subcontract; and

(4) This certification is not to be construed as final acceptance of a subcontractor's performance.

Signature Date  
2016/10/13

(b) (6)

Signature of Contractor Representative

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**ACTION BY: N44211**

☒ Recommend Approval

☐ Recommend Reduced  
Amount

☐ Recommend Rejection

Inspection Date

2016/11/04

Signature Date

2016/11/04

Has been made by me or under my supervision and they  
conform to contract, except as noted herein or on supporting  
documents

(b) (6)

Signature Of Authorized Government Representative

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**ACTION BY: N44211**

Approved Amount : \$102,382.5

☒ Approve

☐ Approval with Deductions

☐ Reject to Initiator

Acceptance Date

2016/11/04

Signature Date

2016/11/08

Has been made by me or under my supervision and they  
conform to contract, except as noted herein or on supporting  
documents

(b) (6)

Signature Of Authorized Government Representative

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**ACTION BY: N44211**

☒ Document Certified

☐ Document Rejected

Signature Date

2016/11/08

Pursuant to authority vested in me, I certify that this voucher is correct and  
proper for payment.

(b) (6)

Signature Of Authorized Government Representative

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**ACTION BY: Payment Official**

☒ Document Accepted

☒ Document Processed

☐ Document Rejected

☐ Document Suspended

☐ Document Available For Recall

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Close